plication or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

	IAILMIA	Effect		09846042								
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OR	OTHER THAN	
TOTAL CLAIMS			20				RAT	E	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	· 710.00
TOTAL CHARGEABLE CLAIMS			20minus 20=		· A		X\$ 9)=	-	OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 =		· A		X40=			OR	X80=	
MU	LTIPLE DEPENI	DENT CLAIM PR	RESENT				+135=			OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in col						olumn 2	TOTA		-	OR		710
CLAIMS AS AMENDED - PART II								\L	l	ION	OTHER	
(Column 1) (Column 2) (Column 3)							SMA	LĻ i	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	HIGH NUM PREVIC PAID		BER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 17	Minus	**	\bigcirc	=	X\$ 9)=		OR	X\$18=	
	Independent	. 2	Minus	<u>`</u>		=	X40	=		OR	X80=	
Ĺ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN.	T CLAIM		+139	;=		OR	+270=	
							TC	TAL		OR	TOTAL	
		(Column 1)		(Colu	mn 2)	(Column 3)	ADDIT.	FEE	l	1	ADDIT. FEE	
MENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUN PREVI	HEST MBER	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9)=		OR	X\$18=	
	Independent	*	Minus	***		=	X40)=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+13	—- 5=		OR		
	BEST AVAILABLE COPY							TAL		OR	TOTAL	-
							ADDIT.	FEE		10	ADDIT. FEE	
		(Column 1) CLAIMS		HIG	imn 2) HEST	(Column 3)	l —		ADDI-	1		ADDI-
AMENDMENT C		REMAINING AFTER AMENDMENT		PREV	MBER IOUSLY D FOR	PRESENT EXTRA	RAT	Έ	TIONAL FEE		RATE	TIONAL
	Total	*	Minus	**		=	X\$:	9=		OR	X\$18=	L
	Independent	*	Minus	***	IT 61	=	X40)=		OR	X80=	
Ľ	FIRST PRESE	NTATION OF M	IULTIPLE DE	PENDEN	II CLAIM		+13			1	070	
	If the entry in colu	mn 1 is less than	the entry in col	ımn 2, wri	te "0" in c	olumn 3.	10)TAL		OR	TOTA	-
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

FORM PTO-875 (Rev. 8/00)